

DR. BRUCE BIRD — CARDIAC CLINIC — PATIENT FIRST VISIT FORM

Name _____

Today's date _____

Date of Birth ____/____/____ Age ____

Mobile phone _____ - _____

email _____

Home phone _____ - _____

Address _____

Emergency phone _____ - _____

Emergency contact _____

Known Medical Problems:

Hypertension Y / N
 Diabetes Y / N
 High cholesterol Y / N
 Smoking Y / N / Previous
 Previous Heart attack Y / N
 Family History (Heart Dx) Y / N

— Details:

Medications:

Allergies Y / N

I am interested in diet and exercise advice.

I am interested in cardiovascular risk estimation and reduction.

Patient Signature:

Prior Tests Done:

ECG Y / N
 Echocardiogram Y / N
 Stress-test Y / N
 Coronary Angiogram Y / N
 CT Cor-Angiogram Y / N
 Coronary Calcium Y / N
 Lp(a) Y / N
 APO E Genotype Y / N

Blood Tests in last 2 years Y / N

Symptoms:

Chest pain Y / N
 Palpitations Y / N
 Shortness of Breath Y / N
 Ankle swelling Y / N
 Stifling while sleeping Y / N
 Fainting Y / N

Ever Hospitalised Y / N

reason:

I understand that Dr. Bird is not available for emergency consultations and can only be seen by scheduled clinic appointment.

[For medical emergencies it is always safest to present to the nearest emergency facility for appropriate examination and testing.]